

## JOINT DECLARATION FOR PATENT APPLICATION

73

As the below named inventor, we hereby declare that:

Our residence, post office address and citizenship are as stated below next to our names;

I believe that I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD OF DATA EXCHANGE FOR ELECTRONIC TRANSACTION WITH MULTIPLE SOURCES the specification of which

( ) is attached hereto.

(X) was filed on July 31, 2001 as Application Serial Number 09/917,810 and was amended on

(if applicable)

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

## Prior Foreign Application(s)

We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 U.S.C. 119
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

## Prior United States Provisional Application(s)

We hereby claim the benefit under 37 C.F.R. §119(e) of any United States provisional application(s) listed below:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
60/194,027	03 April 2000	
60/162,129	29 October 1999	
60/162,125	29 October 1999	

## Prior United States Application(s)

We hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, We acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (day, month, year)	Status - Patented, Pending, Abandoned
09/698,073	October 30, 2000	Pending

And we hereby appoint, both jointly and severally, as our attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys, their registration numbers being listed after their names:

Kevin Ainsworth, Registration No. 39,586; Ingrid Beattie, Registration No. 42,306; William Belanger, Registration No. 40,509; Naomi Biswas, Registration No. 38,384; Bradford C. Blaise, Registration No. 47,429; Duane Blake, Registration No. 47,279; Yong Choi, Registration No. 43,324; David F. Crosby, Registration No. 36,400; Christopher J. Cuneo, Registration No. 42,450; Brett N. Dorny, Registration No. 35,860; Marianne Downing, Registration No. 42,870; Ivor R. Elrifi, Registration No. 39,529; Heidi A. Erlacher, Registration No. 45,409; James G. Gatto, Registration No. 32,694; Richard Gervase, Registration No. P-46,725; Matthew J. Golden, Registration No. 35,161; John A. Harre, Registration No. 37,345; Brian P. Hopkins, Registration No. 42,669; Shane Hunter, Registration No. 41,858; David E. Johnson, Registration No. 41,874; Christina Karnakis, Registration No. 45,899; Robert Klauzinski, Registration No. 42,742; Kristin E. Konzak, Registration No. 44,848; Cynthia Kozakiewicz, Registration No. 42,764; Barry Marenberg, Registration No. 40,715; William Marino, Registration No. 44,219; A. Jason Mirabito, Registration No. 28,161; Michel Morency, Registration No. Limited Recognition; Carol H. Peters, Registration No. 45,010; David Poirier, Registration No. 43,007; Michael Renaud, Registration No. 44,299; Brian Rosenbloom, Registration No. 41,276; Thomas M. Sullivan, Registration No. 39,392; Janine Susan, Registration No. 46,119; Howard Susser, Registration No. 33,556; Raphael A. Valencia, Registration No. 43,216; Shelby J. Walker, Registration No. 45,192

All correspondence and telephone communications should be addressed to:

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Fax: 703-464-4895

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature Michael G. R. Sr. Date 3-5-02

Full Name of  
Sole Inventor

**BRUCE, Sr.**  
Family Name

**Michael**  
First Given Name

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Second Given Name

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Attorney Docket No. 23512-006

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of  
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On behalf of Bill G. Neely:

William R. Neely  
Name: William R. Neely

Date

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Signature



Date

March 08, 2002

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Signature  Date July 27, 2001

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Signature



Date

3/13/2007

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RES 45282v1

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Tel: 617-542-6000  
Fax: 617-542-2241

VIRGINIA:

AFFIDAVIT  
VIRGINIA SMALL ESTATE ACT

IN RE: ESTATE OF: BILL GARETH NEELY, deceased.

COMES NOW WILLIAM NEELY, being first duly sworn on oath deposes and says:

1. That he/~~she/they~~ ~~is/are~~ <sup>was found</sup> the successor of the decedent as defined in section 64.1-132.1 of the Code of Virginia as amended.
2. That the decedent died ~~TESTATE/INTESTATE~~ on the 20th day of January, 2001 and that sixty days has elapsed since the date of death.
3. The decedent was domiciled and a resident of Fairfax County, Virginia.
4. No application for appointment of a personal representative has been granted or is pending in any jurisdiction.
5. ~~xxx~~ The decedent died INTESSTATE and there is no existing will.  
The will has been probated and the list of heirs duly filed in the Clerk's Office of the Fairfax County Circuit Court on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.
6. The value of the entire personal probate estate, wherever located, does not exceed \$10,000.00.

William R. Neely  
Affiant

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Affiant

COMMONWEALTH OF VIRGINIA ~~MARYLAND~~  
COUNTY OF ~~FAIRFAX~~, to-wit:

FREDERIC  
Subscribed sworn to and acknowledged before me this 3rd day of

May, 2001.

Robert H. Reed  
NOTARY PUBLIC

My commission expires: My Comm. Exps. 9/16/02

## COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

MAR 13 2002

COPY A

FOR DIVISION OF  
VITAL RECORDSREGISTRATION  
AREA NUMBER

129

CERTIFICATE  
NUMBER

537

MEDICAL EXAMINER'S  
CERTIFICATESTATE FILE  
NUMBER

DECEDENT	1. FULL NAME OF DECEDENT (First) (Middle) (Last) <b>Bill Gareth Neely</b>		2. SEX Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
	3. DATE OF DEATH (Month) (Day) (Year) <b>January 20, 2001</b>	4. AGE (Years) (Months) (Days) <b>30</b>	5. DATE OF BIRTH (Month) (Day) (Year) <b>Jan. 4, 1971</b>
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) <b>None</b>		8. COUNTY OF DEATH (If independent city, leave blank) <b>Fairfax</b>
	9. CITY OR TOWN OF DEATH <b>McLean</b>	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>1505 Lincoln Circle # 202</b>	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE <b>Virginia</b>		12. COUNTY OF DECEDENT'S RESIDENCE (If independent city, leave blank) <b>Fairfax</b>
	13. CITY OR TOWN OF RESIDENCE <b>McLean</b>	14. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>1505 Lincoln Circle # 202</b>	ZIP CODE <b>22102</b>
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER <b>William Neely</b>		16. MAIDEN NAME OF DECEDENT'S MOTHER <b>Edwina Grice</b>
	17. RACE OF DECEDENT <b>Black</b>	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>4</b> College (1-4 or 5+) <b>4</b>
	20. CITIZEN OF WHAT COUNTRY <b>USA</b>	21. BIRTHPLACE (Place or country) <b>Rhode Island</b>	22. NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>
	23. SOCIAL SECURITY NUMBER <b>216 13 3178</b>	24. USUAL OR LAST OCCUPATION <b>Director</b>	25. KIND OF BUSINESS OR INDUSTRY <b>Strategic Developm't Private</b>
	26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>CARDIOMYOPATHY</b>		27. INFORMANT - OR SOURCE OF INFORMATION <b>William Neely</b>
CAUSE OF DEATH TO MEDICAL EXAMINER	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) DUE TO (OR AS A CONSEQUENCE OF):</b>		28a. AUTOPSY? AUTHORIZED BY: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <b>M.E.</b>
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Cause or injury that initiated events resulting in death) LAST <b>(B) DUE TO (OR AS A CONSEQUENCE OF):</b>		
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
	29b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>	29c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTIVE <input type="checkbox"/> TO CAUSE OF DEATH	29d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
	29e. TIME OF INJURY (Month) (Day) (Year) A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	29f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>	29g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
	29h. (City or town) (County) (State)		29i. (City or town) (County) (State)
	29j. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted as or about NATURAL CAUSES <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>		8:30 DATE SIGNED: <b>March 21, 2001</b>
	ACTUAL SIGNATURE <b>Donald D. Haut, M.D.</b>		ADDRESS OF MEDICAL EXAMINER <b>4317 Adrienne Dr Alexandria, Va. 22309</b>
FUNERAL DIRECTOR	30. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	30. PLACE OF BURIAL REMOVAL, ETC. <b>George Washington Cemetery Adelphi, Maryland</b>	
	31. (Signature of funeral director or person legally filing this certificate) <b>Julia P. Marshall</b>		NAME OF FUNERAL HOME AND ADDRESS <b>MARSHALL'S FUNERAL HOME 4308 Suitland Rd. Suitland, Md</b>
REGISTRAR	32. (Signature of registrar) <b>Gracia Lopez</b>		DATE RECORD FILED <b>4/3/01</b>
	RESERVED FOR REGISTRAR'S USE		

This is to certify that this is a true and correct reproduction of the original record filed with the **FAIRFAX COUNTY HEALTH DEPARTMENT, FAIRFAX VIRGINIA.**

APRIL 3, 2001

DATE ISSUED

DEPUTY REGISTRAR

(SEAL)

VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL